

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**34192**

State File No. ....

**FILED OCT 27 1952**

BIRTH NO. ....		REG. DIST. NO. <b>38</b>		PRIMARY REG. DIST. NO. <b>3006</b>		Registrar's No. <b>285</b>	
1. PLACE OF DEATH a. COUNTY <b>Boone</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Boone</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Columbia</b>		c. LENGTH OF STAY (In this place) <b>No days</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Columbia</b>		<b>0105</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Boone Co Hospl</b>				d. STREET ADDRESS (If rural, give location) <b>806 W Ash</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Charles</b> b. (Middle) <b>W</b> c. (Last) <b>Hite</b>				4. DATE OF DEATH (Month) (Day) (Year) <b>Oct 18 1952</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Jan 28 1866</b>	
9. AGE (In years last birthday) <b>86</b>		10. MONTHS <b>8</b>		11. DAYS <b>20</b>		12. IF UNDER 1 YEAR (Hours) (Min.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Barber</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Barber</b>			
11. BIRTHPLACE (City and State or Foreign Country) <b>Nevada Ohio</b>				12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>Geo Washington Hite</b>				13b. MOTHER'S MAIDEN NAME <b>Julia Barber</b>			
14. NAME OF HUSBAND OR WIFE <b>Anna Hite</b>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>				16. SOCIAL SECURITY NO. <b>No</b>			
17. INFORMANT'S SIGNATURE OR NAME <b>Roscoe Morgan</b>				ADDRESS <b>Columbia</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  * This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral arteriosclerosis</b> DUE TO (c) <b>Benign prostatic hypertrophy</b>				INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b> <b>Unknown</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>10-2</b> , 19 <b>52</b> , to <b>10-18</b> , 19 <b>52</b> that I last saw the deceased alive on <b>10-17</b> , 19 <b>52</b> , and that death occurred at <b>5:45</b> a.m., from the causes and on the date stated above.							
23a. SIGNATURE <b>R. P. Padonoy MD</b> (Degree or title)				23b. ADDRESS <b>Columbia Mo</b>		23c. DATE SIGNED <b>10-20-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Oct 20 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cem</b>		24d. LOCATION (City, town, or county) (State) <b>Columbia Mo</b>	
DATE REC'D BY LOCAL REG. <b>Oct 20, 1952</b>		REGISTRAR'S SIGNATURE <b>Mrs. R. E. Palmer</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>ROUSE</b>		ADDRESS <b>Columbia Mo</b>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE, PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

S. No. 300  
v. 10-48

0105

0105

ESOL 71/10/11

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, only

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

Licensed Embalmer No. 4013

P. O. Address Columbia, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.